

## Wasatch City-County Health Department Monthly Calendar

### March

- 1 Immunization Clinic, 10 a.m. to 1 p.m.  
Blood Pressure Checking, 2:30 p.m. to 4:30 p.m.
- 5 Food Handlers Class, 3 p.m. to 5 p.m.
- 6 WIC (Nutrition Class) 10 a.m. and 1:30 p.m.
- 7 WIC (Nutrition Class) 10 a.m. and 1:30 p.m.
- 8 Well Child Clinic (by appointment)
- 13 WIC (Nutrition Class) 10 a.m. and 1:30 p.m.
- 14 WIC (Nutrition Class) 10 a.m. and 1:30 p.m.
- 15 Immunization Clinic, 5 p.m. to 7 p.m.
- 19 Monthly Board of Health Meeting, 12 noon
- 20 WIC (Nutrition Class) 10 a.m. and 1:30 p.m.
- 22 Well Child Clinic (by appointment)
- 26 Drinking Water Seminar, 7 p.m.

# Department of Health Offers Home Health Care

3-14-90

Preventing or reducing expensive stays in hospitals and other health care institutions is one goal of a three-year federal pilot program in the Utah Department of Health, Division of Family Health Services. The Home Health Care Program (HHCP) provides skilled home health care to needy children, adults, and elderly persons.

HHCP is also intended to demonstrate the value of home health care. "We are pleased with our \$1.3 million award for this year, which is based on the quality plan that we developed last year," says Dr. Suzanne Dandoy, executive director of the Department of Health. Of the many states that applied only five have been selected to participate, and Utah is the only one that includes a strong child focus."

Funding of HHCP from all sources is expected to total more than \$5 million over the course of the project.

During the grant's first year, Dr. George Delavan, director of the Bureau of Children's Special Health Services, and Mary Thompson, HHCP coordinator, worked with a 47 member committee which provided input on who would receive services and criteria for care. The committee represented consumers, health care and medical equipment providers, insurance companies, and several state and local agencies. A smaller Home Health Care Council helps manage the program.

HHCP clients must have an income at or below 133 percent of the federal poverty level and need skilled home health care services. People above that income level, but with excessive medical expenses, may also qualify. A child in the program must be dependent on life supporting equipment. An adult or elderly person must have had two or more hospitalizations in the past year and require home health care for at least 30 days. At any one time, there may be up to 40 children and 60 adult/elderly in the program.

Delavan says the HHCP is a "last payer" for home health care.

"We are a safety net for the most vulnerable," says Thompson. "This program supplements rather than supplants existing services." Once qualified for HHCP, a client works with a case management team made up of a nurse and a social worker. The team develops care plans using input from the client's physicians, family members, and HHCP assessments. Plans include physician services, nursing visits, therapies (physical, occupational, speech, and respiratory), medical equipment/supplies and case management.

"The case management team coordinates care," says Delavan, "That job is easier thanks to the cooperation we have received from everyone involved in home health care." As a part of HHCP services, the team refers the client to other community resources, including entitlement programs, private non-profit agencies, aging services, and other health department resources.

Thompson says recent experience proves that many children do much better in a home health care setting. "Families feel they have much more control," she says.

"They don't feel as helpless." But, she warns, home health care is not easy and not for everyone. Before placement, at least two caregivers for each child (one for each adult/elderly client) must be trained to assist with care.

"Home health care is often a less expensive alternative to hospitalization or institutionalization," says Delavan, "But even with decreased health care costs, the strain on families can be considerable." The team monitors services to maintain quality and provides training to clients and caregivers so they may perform procedures and access services.

Sen. Orrin Hatch, R-Utah, supported Utah's effort and is working to continue and expand the program. As HHCP grows, the potential for saving health care costs will grow, affecting all consumers, insurance companies and government payers. "We will help keep children and adults at home with their families and out of hospitals and nursing homes," says Thompson.

For more information, contact the Bureau of Children's Special Health Services, 538-6165.